

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25192

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>243</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TIPTONVILLE</u>		c. LENGTH OF STAY (in this place) <u>4 weeks</u>		c. CITY OR TOWN <u>ANABEL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If No. in hospital or institution, give street address or location) <u>LAUGHLIN HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>RURAL #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u>		b. (Middle) <u>-</u>		c. (Last) <u>ZAHNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 3 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 16 1899</u>	
9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY <u>unk.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		13a. FATHER'S NAME <u>THEODORE ZAHNER</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA EGNER</u>	
13c. NAME OF HUSBAND OR WIFE <u>EDNA ZAHNER</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA ZAHNER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>178</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EDNA ZAHNER</u>		18. ADDRESS <u>ANABEL MO</u>		19. DATE OF OPERATION <u>8-30-55</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>8-30-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of stomach, liver, and pancreas</u>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-2-55</u> , 19 <u>  </u> , to <u>9-3-55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>9-3-55</u> , 19 <u>  </u> , and that death occurred at <u>8:46 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Paul Laughlin D.O.</u>		23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>9-3-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>9-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINDIT VIEW</u>		24d. LOCATION (City, town, or county) (State) <u>PEORIA IL</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Laughlin D.O.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Laughlin D.O.</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1952

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Charles V. Kream

Licensed Embalmer No. 462

P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.